MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37358

File No.

Registered No. 21

1. PLACE OF DEATH
County GASCONADE Registration District No. 303
Township Primary Registration District No. 4182
City HERMANN (No. , St. Ward)

2. FULL NAME ANNA MARIE DIETERLE

(a) Residence. No. ✓ St., ✓ Ward. ✓
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

DEC 22 193

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF GOTTFRIED DIETERLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY-11-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HWF
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) BERGER
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER FREDERICK BADE
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
12. MAIDEN NAME OF MOTHER UNKOWN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) UNKOWN

14. INFORMANT MRS HELEN KIRCHNER
(Address) HERMANN, Mo

15. FILED 11-5, 1931 Anna K Rickhoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 1-31, 19..., to Nov 3, 1931, that I last saw her alive on Nov 3, 1931, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Rheumatism & arterial sclerosis (duration) 2 yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF - - —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General Diagnosis

(Signed) H J Rickhoff, M. D.
, 19 (Address) Hermann Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
HERMANN City Cem.	Nov. 5 1931
20. UNDERTAKER HERMAN BLUMER	ADDRESS HERMANN Mo